

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant

10/576236

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	↓	↓	↓	TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			↑	↑	↑	↑	TOTAL DEP.			↑	↑	↑	↑
TOTAL CLAIMS			████████	████████	████████	████████	TOTAL CLAIMS			████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101													
102													
103													
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146													
147													
148													
149													
150													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

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	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102							152						
103							153						
104							154						
105							155						
106							156						
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142							192						
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145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.			↓	5	↓		TOTAL IND.			↓			
TOTAL DEP.			←	200	←		TOTAL DEP.			↓			↓
TOTAL CLAIMS			205	205	205		TOTAL CLAIMS			205	205	205	205